

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V74024 (3)  
1. Corporation Name  
KEYSTONE CONTRACTORS, INC.

Principal Place of Business P. O. BOX 25066 N/A SARASOTA FL 34277 US	Mailing Address P. O. BOX 25066 N/A SARASOTA FL 34277 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 10/23/1992	
24		25		4. FEI Number 59-3146052	
29		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29		30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MEEHAN, JEFFREY 4839 GIVEN COURT SARASOTA FL 34242		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD MEEHAN, JEFFREY 4839 GIVEN COURT SARASOTA FL 34242	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STD MEEHAN, PATRICIA H. 892 OSCEOLA AVE. WINTER PARK FL 32789	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4839 GIVEN COURT	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	SARASOTA FL 34242	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	STD MEEHAN, PATRICIA H. 892 OSCEOLA AVE. WINTER PARK FL 32789	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STD MEEHAN, PATRICIA H. 892 OSCEOLA AVE. WINTER PARK FL 32789	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4839 GIVEN COURT	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	SARASOTA FL 34242	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	STD MEEHAN, PATRICIA H. 892 OSCEOLA AVE. WINTER PARK FL 32789	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STD MEEHAN, PATRICIA H. 892 OSCEOLA AVE. WINTER PARK FL 32789	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4839 GIVEN COURT	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	SARASOTA FL 34242	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	STD MEEHAN, PATRICIA H. 892 OSCEOLA AVE. WINTER PARK FL 32789	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STD MEEHAN, PATRICIA H. 892 OSCEOLA AVE. WINTER PARK FL 32789	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4839 GIVEN COURT	4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	SARASOTA FL 34242	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	STD MEEHAN, PATRICIA H. 892 OSCEOLA AVE. WINTER PARK FL 32789	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STD MEEHAN, PATRICIA H. 892 OSCEOLA AVE. WINTER PARK FL 32789	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4839 GIVEN COURT	5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	SARASOTA FL 34242	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	STD MEEHAN, PATRICIA H. 892 OSCEOLA AVE. WINTER PARK FL 32789	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STD MEEHAN, PATRICIA H. 892 OSCEOLA AVE. WINTER PARK FL 32789	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4839 GIVEN COURT	6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	SARASOTA FL 34242	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

CR2E034 (10/97)